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ABSTRACT

These four quarterly newsletter issues address various topics of interest to child caregivers. Each issue focuses on a theme and includes an article on that theme, along with regular columns. The Fall 1997 issue focuses on play in the world of infants, stressing its importance and advising parents and caregivers in using play to facilitate learning. The news column covers child care providers and SIDS, and injuries from infant walkers. The vice president's column discusses father-daughter relationships. The topic of the Winter 1997 issue is "Total Communication in Early Care, Education and Intervention: An Augmentative and Alternative Communication (AAC) Strategy." The article provides guidance on the growing trend of using total communication strategies with young children, even those without hearing impairments. The child safety column covers toy selection and maintenance, while the vice president's column addresses redefining roles and expectations in teacher-student relationships. The Spring 1998 newsletter focuses on fostering the imitative and imaginative play of infants and toddlers in order to support their development. The current research column addresses newborn hearing screening; the news column describes the design of an innovative child care center; and the vice president's column addresses listening to and supporting children's teachers. The Summer 1998 issue focuses on preparing and supporting paraprofessionals as effective members of early intervention teams serving infants and toddlers with developmental delays and their families. The vice president's column discusses preservice, novice, experienced, and seasoned teachers learning together. All issues contain listings of new Web resources, and most describe new print or video releases. (EV)

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ACEI Focus

Fall 1997 • Vol. 10, No. 1

Infants & Toddlers

ages 0-3

A Quarterly Newsletter for the Education Community

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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Theme

Due to recent welfare reform legislation and the large number of women in the labor force who are mothers of very young children, more and more infants and toddlers are entering out-of-home care. The vast majority of these child care centers remain unlicensed and unregulated. Therefore, little is known about their quality.

What type of experiences should infants and toddlers receive from their caregivers? In this issue of *Focus on Infants and Toddlers*, Barbara Garner provides sound advice to adults involved in the care and education of our youngest citizens. She draws our collective attention to the fact that play is a natural activity for young children and provides practical advice on how caregivers and parents can use these naturally occurring play behaviors to facilitate learning. She also stresses the importance of the physical and social environment in influencing children's developmental outcomes. The role of the adult providing care is elevated from "babysitter," or custodial care provider, to the primary influence in helping children flourish during this most important and very vulnerable period in human development.

—D. S.

Play in the World of Infants

Barbara Garner,
School of Human Ecology,
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Experts and practitioners alike have long held that infant play is vital to infant development. In light of recent neuroscience laboratory discoveries, play during infancy takes on added significance. Nash (1997) has found that the electrical activity of the brain cells actually changes the physical structure of the brain. This evidence supports Piaget's theory that infants are participants in their own development. Indeed, the first three years of life appear to be critical for optimal brain development.

Parents and caregivers may find this information frightening. How can we best ensure that the children in our care will develop to their greatest potential? Are we to "teach" children to recognize flash cards and begin rigorous "lessons" in math, science and reading? The answer is a resounding NO! In young infants, every activity ensures neural firings in the cortex, thus shaping and influencing brain development. An infant's brain even develops during sleep. Babies spend half of their sleeptime in a state known as active sleep—making faces, moving and tensing muscles and moving their eyes. Each move results in an electrical firing that supports the brain's growth.

As infants mature, less time is spent sleeping and less sleeptime is active. Instead, infants increase the amount of time they spend in a state known as alert inactivity. In this state the infant attends to the environment, engages with caregivers and manipulaties his/her environment. When babies are in this alert inactivity state they are learning about their world. The baby is awake, bright-eyed and attending to the environment. It is obvious to the caregiver that the baby is interested. During

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such times, caregivers can implement activities that will help ensure good brain growth. Caregivers can even help babies attain this state by picking the infant up, placing the baby on an adult shoulder, talking to the baby and providing materials for the baby to observe.

Play is a natural and important part of development. While it is always present in young children, the kinds of play that children engage in change as they mature. During the early months of a baby's life, most of the play is focused on what the body can do. Perhaps a baby accidentally kicks the side of the crib and sees the mobile above the crib bounce up and down. A neural pathway is developed and the baby discovers that by repeating the kick, the mobile will continue to move. This neural pathway is reinforced each time the baby kicks. Researchers find that babies "remember" such incidents even weeks later.

Play during this early period also lays the foundation for social development. During this period babies learn that when adults talk to them, they can make sounds in return. They learn that when they coo, an adult will coo back. A turn-taking dance quickly comes into play with baby cooing and then caregiver cooing, back and forth. Even at this very early time the brain is being programmed for communication. When the infant hears words, he is being programmed for language development.

It is readily apparent that play during these early months of life is important for development. For the infant in a deprived environment, without the care of a doting adult, many opportunities for brain development may be lost. It is vital that adults provide opportunities for babies to explore how they can affect their environment. This means that babies need to spend time on the floor, or in an infant seat, where they can have a good view of the environment. They also need time on an adult shoulder to get a different view of the environment. Babies need interesting items available to observe. Probably the most important thing babies need is to hear an adult voice in loving interaction with them.

Play with Objects

By the time the baby is 4 or 5 months old, the focus of play begins to be outside the baby's own body. Exploring objects is something that infants seem uniquely motivated to do. At first, mouthing, banging and shaking techniques are used indiscriminately on objects, food and people. Between 4 and 12 months, developmental milestones are reached that allow infants access to many more interesting events in their environments. With the ability to sit, infants can reach and grasp objects. When infants can creep, pull up, cruise around furniture and eventually walk, a wider world of exploration is available to them.

The importance of objects during this time of babies' lives cannot be overemphasized. Parents and caregivers need to provide a wide variety of objects for infants to explore and manipulate. These do not need to be expensive items, but can be household items deemed safe for infant exploration. Each manipulation increases synaptic impulses and contributes to

Resources on the web and on the phone

For Professionals:

http://www.zerotothree.org
This website from Zero to Three provides up-to-date research and information on almost all aspects of infant and toddler development.

http://www.aap.org/
American Academy of Pediatrics offers information on infants' and young children's health, safety, advocacy and more.

http://www.co.merced.ca.us/pitd/bf.htm
The Infant Care program provides education and services for infants (0-5) with special needs.

For Parents:

http://parenthoodweb.com
Provides parents with answers to common, and not so common, questions about children.

800-4-A-CHILD
The ChildHelp National Hotline provides round-the-clock advice and referrals from professionals trained in the counseling field.

800-704-2102
The Single Parents Association will help single parents find local support groups and resources and answer any questions they may have.

further brain development. Kimmerle, Mick and Michel (1995) found that infants as young as 7 months are able to use both hands independently. As the infant matures, objects with moveable parts become important. Older infants will spend more time exploring objects that have movable parts for the baby to manipulate. These kinds of objects develop infants' concepts of causality, as well as object properties.

Functional play with objects increases over a similar time span as infants become more able to combine action patterns. Babies will combine objects indiscriminately at first. A comb may be placed in a bowl or a spoon on top of a truck. Gradually, however, the infant begins to combine items more appropriately. A spoon will go into a bowl and a lid on a bottle. The infant will begin to put items into containers and by 12 months may be able to dump them out.

Although play changes over the second year, objects remain the major focus of play. Over the first half of the second year, toddlers are particularly intrigued with objects that react to their manipulations. Books that play words or music when buttons are punched and toys with parts that pop up when levers are pushed or pulled are good choices for babies at this stage.

As children enter the third year of life, objects that can be manipulated, such as clay, play dough and paint become important. Materials for water play, blocks, books, dolls, stuffed animals and puzzles take on added importance.

Motor Play

Play that focuses on motor skills is paramount during the first three years of life. "Enough research has been done to clearly show that the body plays a fundamental role [in development, and] . . . there is no such thing as a brain without a body" (Fisher & Hogan, 1989, p. 298). Motor play remains a constant form of play throughout early childhood. For parents and caregivers, this necessitates allowing infants to explore and experiment with motor skills.

As infants' motor abilities improve, interest in large motor activities increases. Toddlers must have opportunities to experiment with climbing and jumping off low structures, and to exercise their newfound ability to run. There must be a balance between caregivers' concerns for safety and infants' desire for adventure. Many child care settings fail to provide adequate opportunities for motor skill use within the classroom. As a result, caregivers must continually direct children not to climb on chairs, tables or shelves. This frustrating and tiresome situation can be remedied quite easily by providing appropriate places to climb in the classroom.

As fine motor skills develop, toddlers become interested in practicing these skills. Providing opportunities to put small items into containers, and activate toys with a poke are important. By 2 years of age, children are interested in making marks. Tools to make these marks can include washable markers, sidewalk chalk, large crayons that are easily held and not so easily broken and short handled paint brushes. With limited fine motor skills, keeping these marks within a small area is impossible. Therefore, large areas where young toddlers can mark should be available.

Symbolic/Pretend Play

Pretending is closely linked to children's cognitive development. Very simple pretend play begins at about one year of age. The baby may pick up a brush and pretend to brush his/her hair, pretend to talk on a toy telephone or pretend to drink from a toy cup. At this stage, pretending is focused on the baby himself. It also is something that the baby does as a solitary activity.

During the second year, pretending becomes social in nature. At about 15 to 16 months of age, pretending may be imitation of another child's pretend actions. By 2 to 2 and 1/2 years, children's pretense may focus on the same theme, but their behaviors are not coordinated in any way. They may both go to MacDonald's, for example, yet they each pretend independently. By 3 years, children will begin to assume roles when they pretend. Children begin to coordinate their pretend behaviors and one child can be "Mommy" while another will be "Baby." Their understanding about roles in everyday life has expanded to allow them to assume different roles.

The role of objects in pretend play also changes as children's level of pretense advances. Initially, babies will use a comb to comb their own hair. Later, the baby can pretend to comb a doll's hair or Mommy's hair. At about 2 years, the objects begin to assume roles. The child feeds the doll baby or

teddy bear pretend food at a birthday party. During the third year, dolls are used in elaborate sequences of pretend. By this time, the doll is getting ready for a party that she is going to attend with Ken. They can ride in his convertible and may even get married on the way to the dance. Several research efforts have linked the ability to string pretend actions together to the advancement of language. Infants who put two words together typically sequence two pretend actions.

Early pretend play is enhanced by realistic objects. As children mature, less realistic objects can be used as objects for pretense. A block may be a phone or a car or a hammer. Children under three years typically pretend more readily if the substitute object resembles the real item. A blanket might be used as a pillow, but a 2-year-old would have difficulty using a block as a pillow.

Young children who are just beginning to pretend tend to do so more when an adult pretends with them. Studies suggest that few mothers engage in pretending with their children. Parents do, however, affect children's inclination toward pretending. Parents that allow ample opportunities for practice have children that engage in pretending. Parents who engage in discussion and storytelling allow children the opportunity to "frame complex events within organized structures" (Singer, Singer, Desmond, Hirsch & Nicole, 1988, p. 341). Children who spend large amounts of time viewing television spend less time engaged in pretending. When parents limit the amount of time young children spend viewing television, they encourage the development of pretend play. Parents also encourage and foster pretending when they tolerate pretend play and provide play materials for pretending.

As children get older, they tend to increase the amount of time spent pretending. This seems to peak in the preschool years, and as children enter school, pretending tends to lessen. A number of experts suggest we never lose our capacity for pretending, but pretending takes the form of fantasy and daydreaming in older children and adults.

Pretending is an important kind of play for young children. Cognition is advanced, social skills are enhanced and creativity is encouraged by parents and teachers who provide materials, time and encouragement for children to engage in pretend play.

Play with Others

Babies' first playmates are the adults in their lives. Typically, this is the infant's parents. During the first few months of life, play is initiated by adults. Simple exchanges of vocalizations are a baby's first games. By 6 weeks infants respond to these overtures with smiles and coos. Over the first year, an adult's way of playing changes and the infant's responses change as well. By 8 months the tickle games that so delighted babies earlier no longer automatically elicit laughter. The baby has become more discriminating. Adults' use of the games also decreases at this time, based on the baby's responses. As the baby gains in the ability to understand that objects exist even if he cannot see them, peek-a-boo games do not hold as much interest as they did prior to this developmental milestone. A person appearing and disappearing as if by magic is much funnier than knowing that Daddy actually exists even if he is under that blanket.

By 12 months, give-and-take games become important. The baby delights in giving an object to an adult and having the adult give the item back. Naming games are also great fun at this time. "What's that?" becomes a favorite question when looking at books during the next 6 months. Most parents intuitively anticipate their infant's next step in this progress and change their style of "reading" as the baby's abilities increase. When the baby shows an increase in vocabulary, the parents stop naming the item and start asking the baby "what's that"?

Although both mothers and fathers play with their infants, there seems to be distinct differences in the *way* they play with the baby. Fathers tend to engage in more physically rousing play—roughhousing, tossing infants in the air, and run-and-chase games—than do mothers. Mothers' play tends to have a teaching component involved and mothers are more verbal than fathers. They spend more play time labeling and pointing out objects than they do in physically active play (Hughes, 1991).

Social play with peers also changes as infant development

progresses. Initially, infants are unaware of self as distinct from others. Fogel (1979) found that infants exhibited behaviors that looked very much like excitement when they were presented with another infant. Infants seated on their mothers' laps would lean forward and stare intently at other infants. These first social encounters are brief and unsophisticated. First interactions are often simple looks, followed shortly by smiles and vocalizations.

Children's interest in peers increases throughout the second year. Early in the year interactions with peers remains largely looking, and offering and taking toys and objects. Early in the toddler period infants are able to engage in complementary and reciprocal activities, such as run-and-chase or give-and-take (Howes, 1988). Well-acquainted infants often engage in ritual-like interactions. These interactions seem to be important for children to be able to engage in cooperative social pretend play in the latter part of infancy.

Children who have been involved in a group care setting, and so have become familiar with the available peers, begin to develop preferences for play partners. First friendships are, however, very fleeting during the preschool years.

Implications for Caregivers of Infants and Toddlers

Play is vital for cognitive and social development. Caregivers must be aware of how important the

New Releases

research, video and magazine for providers

Video Highlights Infant Brain Development

Due to popular demand, the documentary *10 Things Every Child Needs* is now available by mail order. Produced by WTTW, Chicago's public television affiliate, this video is a great resource for child care centers, schools and family child care homes.

The one-hour program provides interviews by experts, including Dr. T. Berry Brazelton, Dr. Bruce Perry, Dr. J. Felton Earls, Irving Harris, Dr. April Benasich and Barbara Bowman. They discuss new findings in the field of brain research and child development and explain the implications for early childhood care and education.

10 Things Every Child Needs is hosted by Tim Reid, star of television's *Sister Sister*, and was funded by a grant from The McCormick Tribune Foundation of Chicago. Copies of the tape can be ordered by sending a written request along with a $10 check made payable to the McCormick Tribune Foundation, 435 N. Michigan Ave., Ste. 770, Chicago, IL 60611, Attention: 10 Things.

Provider Magazine® Previews Inaugural Issue

The recent launch of *Provider Magazine*, "the magazine for proud providers," featured articles on the isolation of child care providers, ideas for outside play, recipes for fun snacks and one man's story of his experience as a family child care provider. Future issues are slated to feature articles on toy safety, dealing with separation anxiety, insuring your business, managing stress and challenged children in child care. This 6-issue magazine is an 8-page color publication. For subscription information, contact the magazine's Circulation Department at 406-466-5701.

first three years of life are for optimal brain development and provide environments that are rich in sensory experiences. Attractive materials that are appropriate to the child's developmental level provide opportunities for play, and thus for the proliferation of axons and dendrites. Caregivers that provide for pretense, and thereby help these young children begin their venture into pretending, enhance children's social and cognitive development.

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In the News

studies from the American Academy of Pediatrics

Child Care Providers and SIDS

A recent study by researchers from the Children's National Medical Center in Washington, D.C., and published by the American Academy of Pediatrics (AAP), found that staff members at many child care centers are unaware of the association between infant sleep position and Sudden Infant Death Syndrome (SIDS). In addition, few centers have policies regarding sleep position. Specifically, the researchers found that 49 percent of the centers placed infants to sleep on their stomach at least some of the time, and 20 percent positioned infants exclusively on their stomach.

In 1992, the AAP recommended that infants be placed down to sleep on their side or back to reduce the risk of SIDS. Recently, the recommendation was updated to placing infants to sleep on their back only. When questioned about their actions, 22 percent of child care centers said they placed an infant on its stomach for fear of choking. According to the authors, "many child care centers aware of the SIDS risk succumbed to parental insistence that infants be placed in the manner they are accustomed to"—their stomachs. "This is clearly a difficult situation for child care centers, and some centers have attempted to resolve this with the use of written policies." The authors conclude that further efforts are needed to educate both parents and child care providers on the importance of proper infant sleep positioning.

Injuries from Infant Walkers Continue

According to a recent study published by the American Academy of Pediatrics, infants continue to sustain baby walker-related injuries even under supervision. Researchers from The Ohio State University College of Medicine at Children's Hospital in Columbus, Ohio, evaluated the medical records of 271 children who were treated for infant walker-related injuries from March 1993 through February 1996. In 78 percent of these cases, the infant was being supervised. Ninety-six percent of the injuries resulted from a fall down stairs.

The authors recommend standards requiring redesign of walkers be established so walkers cannot fit through doorways. They also recommend a ban on the manufacture and sale of walkers that do not meet these standards.

daddy's little girl: remembering and sharing

Dear ACEI Friends,

Recently, I had the opportunity to sit by my Daddy's hospital bed as he waited patiently (Ha! Ha!) to hear his doctor's next set of orders. During this time, I had the privilege of remembering my early years through Daddy's voice, eyes and heart. Oh, what I learned as we talked and laughed over the course of the next 18 days.

Just as little girls in the '90s adore their daddies, I still adore my Daddy and my Daddy adores me. I guess this special bond started with my name. My father named me; therefore, the bond began with the birth cry. Thanks to my mother, my relationship with my Daddy became a solid one. In addition to my given name, he decided that I would be his princess, a name that he still uses whenever he winks at me. Daddy has been my advocate, defender, loyal supporter, comforter, judge, nurturer, adviser and "on-call" mover. But more important, he has been my Daddy, not my buddy. I guess I owe Daddy a debt of gratitude for his relentless hold to this position throughout my formative and "tender" years. Twenty-twenty hindsight makes me appreciate Daddy's commitment, as well as my mother's commitment, to being my parents, rather than members of my buddy club.

During my many conversations with my Daddy, I discovered what I already knew—Daddy had always been very protective of my spirit. He made sure that the people who were a part of my world would not ask me to conform to every rule and regulation, but would allow me some degree of flexibility, so I could grow and enjoy life to the fullest. Daddy wanted the essence of my spirit to bubble and be reflected in my eyes, which he said twinkled as I talked, laughed, pondered and wondered. At the same time, he reminded me of the occasions, starting with age 3, when he had asked me to cooperate because my mother or teachers had had a difficult day and I was adding to their tension. Oh, do I remember these chats. My Daddy's eyes always connected with mine, so that he knew that I had received each engraved flash bulletin! Daddy's eyes still connect in a loving manner with mine even as he rests in his hospital bed.

Many little girls of the '90s have a father just like my Daddy. I witnessed similar interactions between fathers and little girls as I walked the hospital corridors, ate lunch in the hospital dining room, or sat in the hospital waiting room.

Although my father's physical condition has weakened, he still proudly assumes his role and duty as Daddy. He reminded me of our lively family discussions, which were and are a part of our meals, gatherings and celebrations. Now the tables are turning and it is my time to be there for Daddy. I must answer the following questions:

- Will I continue to need and value Daddy's advice? Yes!
- Will I protect Daddy as much as he protected me when I needed and wanted it most? Yes!
- Will I step in, whether invited or not, to lend a helping hand? Yes!
- Will I be Daddy's advocate and loyal supporter? Yes!
- Will I protect Daddy's dignity and spirit? Yes!
- Will I continue to call him Daddy although I am now "39 plus"? Yes!

Thanks to Daddy, I still have a twinkle that is visible to others through my eyes, voice and nonverbal gestures. I appreciate these forever gifts that my Daddy has given to me. My family and future students will benefit from Daddy's imprint on my life, heart and spirit. Best wishes for a good day, week and month.

Fondly,

Jacqueline Blackwell
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Call for Manuscripts

The readership of *Focus on Infancy* is encouraged to submit ideas and manuscripts related to the care, education, development and learning of infants and toddlers and their families. Editorial assistance is available if needed.

If you have any materials or suggestions to be considered, please contact David Sexton, Department of Curriculum and Instruction, University of Alabama at Birmingham, 901 13th Street South, Birmingham, Alabama 35294-1250; 205-975-5369; E-mail: EDU 5131@UABDPO.DPO.UAB.EDU.

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A Quarterly Newsletter for the Education Community

Theme

Growing consensus on the importance of including infants and toddlers with developmental delays and disabilities in programs with their typically developing peers has resulted in greater numbers of early care and education settings becoming inclusive. Care providers often must strive to adapt their ecologies so that a variety of children can participate fully in care and education routines. One important consideration is how to facilitate the communication of children who need special support and adaptations in order to interact successfully with other children and their caregivers.

In this issue's main article, Mary Beth Armstrong provides information and guidance on the growing trend of using total communication strategies with young children, even those without hearing impairments. Total communication is now viewed more broadly within the larger framework of augmentative and alternative communication (AAC). She defines key terms such as total communication and AAC, provides a rationale for total communication and gives practical guidance for those considering using such strategies. An extremely important point made by Armstrong is that decisions about the appropriateness of total communication for individual children should be made as a team that includes the child's family. This information should prove very useful for individuals interested in augmentative and alternative communication strategies.

—DS

Total Communication in Early Care, Education and Intervention:

An Augmentative and Alternative Communication (AAC) Strategy

Mary Beth Armstrong, Ph.D., CCC-SLP,
The University of Montevallo

Total communication refers to modeling and using simultaneous speech and gestural communication. According to Mustonen et al. (as cited in McCormick, 1997), two gestural communication options are available. The first is *demonstrative gesturing*, which refers to natural communicative gestures that are used intentionally to convey meaning. Demonstrative gestures include behaviors such as pointing, reaching, showing, giving, touching or nodding "yes" and "no." The second option is *symbolic gesturing*, which refers to generally understood informal signs, such as waving for "bye-bye," as well as symbols used in more formal sign language systems. Total communication can involve the simultaneous modeling and use of either or both of these communications types in conjunction with speech communication.

Total communication has been associated historically with aural rehabilitation for children with hearing impairments. Now, however, total communication is associated more broadly with the field of augmentative and alternative communication (AAC). Ratcliffe, Cress and Soto (1997) define AAC most basically as "anything that helps a person communicate when traditional spoken or written forms of communication do not meet that person's needs" (p. 31). Total communication is one AAC strategy that can be used to help many young children who are experiencing specific difficulty with speech communication.

Dramatic growth characterizes the AAC field and all possible AAC strategies are being used to build early "communicative competences." The goal is to help young children communicate more effectively and appropriately in their daily naturalistic contexts, utilizing *any and all* possible abilities and strategies.

Rationale for Total Communication As an AAC Strategy

Total communication is one of many possible AAC strategies or options that may be appropriate for young children with specific speech communication difficulties. Unless a child is hearing impaired, total communication is used initially as an "augmentative," or additional, strategy to facilitate spoken communication. Total communication is often an appropriate "augmentative" strategy and option for several reasons.

Total communication, because of the simultaneous modeling and use of speech and gestural communication, provides multimodality *input* and *output*. A child can "hear," "see" and "feel" the communication, rather than only hearing it. This multimodality *input* can facilitate understanding of language, and understanding of language in turn facilitates expression of language. In addition, for children with the motor capabilities to produce gestural communication, the multimodality *output* can facilitate even more direct expression of language. If a child has significant difficulties with verbal language expression, using a gesture or sign through a stronger modality may serve as a cue or prompt for a verbal response. In fact, it appears that the production of the manual gesture, or sign, helps some children plan and sequence the verbal response. For example, a 2-year-old child with Down syndrome and a significant expressive language and phonological disorder was having difficulty producing a verbal approximation of "bubble," yet was able to readily produce the sign for "bubble." The clinician continued to model the speech communication along with the sign, and the child soon began to verbalize "bubble" as he produced the motor movements of the sign.

Another reason that total communication is appropriate as an "augmentative" strategy and option is that it provides an opportunity for immediate physical assistance to facilitate communicative success. While one cannot typically physically assist a child to verbalize, one can physically assist a child to produce a gesture or manual sign through hand-over-hand manipulation. This assistance establishes a communication behavior that can be reinforced, thus contributing to communicative success. "Success breeds success," and a positive communication cycle can be initiated.

Total communication does have disadvantages. McCormick (1997) suggests that the two major disadvantages of total communication are 1) the motor requirements, and 2) the pool of potential communication partners. Some children may not have the physical capabilities to produce gestural communication, which may limit the use of total communication as a production, or output, strategy. Furthermore, the pool of potential communication partners for

Resources on the web

www.ebig.com
The Britannica Internet Guide provides users with an efficient and authoritative Internet navigation service. By offering access to quality Web sites that contain valuable information, the Guide provides the tools to find what you are looking for on the Web.

http://www.aap.org/
This site from the American Academy of Pediatrics provides parents and caregivers with information on infants' and young children's health and safety, advocacy, and more.

http://www.co.merced.ca.us/pitd/bf.htm
The Infant Care program offers education and services for infants (0-5) with special needs.

http://parenthoodweb.com
Provides parents and educators with answers to common, and not so common, questions about children.

www.station.sony.com/wonderland/
Designed for the youngest Internet browsers, this section of the Sony Wonder's Wonderland site includes music, stories and simple activities for 2- to 5-year-olds.

a child is limited to persons who understand and can produce gestural communication.

Implementation of Total Communication As an AAC Strategy

A fundamental principle of implementing total communication as an AAC strategy is collaboration. It is critical that the decision to incorporate total communication as an AAC strategy be a collaborative one between families (including, if possible, all significant persons in the child's natural contexts) and all professionals working with a child. This collaboration depends on some essential components.

Awareness of the Goal and Benefits of Total Communication and AAC

It is the professional's responsibility to communicate clearly the goal and benefits of total communication and AAC systems. The primary goal of incorporating total communication as an AAC strategy is to contribute to the development of communicative competence. Total communication and AAC systems are often either helpful or necessary to facilitate communicative competence. Many children can acquire communication more readily and effectively if presented with multimodal and multisensory AAC strategies that provide auditory, visual and motor-kinesthetic input and output. Essentially, multimodal AAC systems are built on the concept of determining and utilizing any and all possible strategies to help a child communicate successfully.

Many positive outcomes of AAC instruction are possible. Calculator's (1996) positive outcomes for AAC instruction include the following:

- Reductions in the number of unsuccessful communication interactions
- Increased spontaneous interactions with partners
- Increases in the variety of communication partners
- Positive changes in attitudes of communication partners
- Increased use of positive social behaviors, along with decreases in challenging behaviors.

Acceptance of Total Communication As an AAC Strategy

Because total communication is associated primarily with aural rehabilitation and hearing impairment, families of hearing children may have difficulty accepting this strategy. Some families of children with normal hearing but other special needs have expressed concern that the use of total communication will create the impression of hearing impairment, and thus have rejected the use of this strategy. If they are informed about the goal and benefits of total communication and AAC systems, however, families may accept total communication as an appropriate AAC strategy. In addition, it may be beneficial to reiterate that total communication often is an "augmentative strategy" to facilitate more traditional speech communication.

Several important steps must be followed when implementing total communication as an AAC strategy: 1) determining functional communication needs, 2) determining gestural communication options and 3) integrating total communication with other communication facilitation strategies in a multimodal AAC system.

Collaboration with families and all significant others is critical to determine an individual child's communicative needs.

Determining functional communicative needs. Collaboration with families and all significant others is critical to determine an individual child's communicative needs. This process will determine the functional and meaningful gestural communication for that child. For example, families can provide information about which objects and actions the child will be most motivated to communicate about. These objects and actions are likely to be the most appropriate focus for the simultaneous speech and gestural communication.

Determining gestural communication options. Total communication as an AAC strategy can include both types of gestural communication

discussed previously, depending on the child's developmental level of functioning and the child's individual communicative needs. With children who are in the early stages of communication, for example, it is helpful to model and facilitate use of the early and natural demonstrative gestures to build intentional communication and communicative competence. At the same time, it is helpful to model and facilitate use of symbolic gesturing or more formal sign language, such as the signs for functional and meaningful objects and actions (e.g., cookie, milk, ball, shoe, eat). Again, we are using *any and all* options to build communicative competence.

The use of symbolic gesturing, or more formal sign language, for total communication as an AAC strategy involves at least two fundamental considerations. The first consideration is iconicity, or the ease with which the meaning of a sign can be recognized (McCormick, 1997). The greater the iconicity, the easier it is to recognize the meaning. Thus, some signs are easier for a young child to recognize and conceptualize, and are easier for communication partners to recognize and interpret. For maximum communication success and competence, it is important to utilize more iconic signs with young children. One can either choose more iconic signs from published sign language systems, or develop an appropriate, more iconic new sign.

The second consideration is manageability of the gross and fine motor movements for sign language. A number of young children with special needs have difficulties with gross and/or fine motor abilities. Therefore, it is important to collaborate with families, as well as other professionals working with the child (e.g., educator, physical therapist, occupational therapist), to determine an individual child's motor capabilities and how to modify the signs to make them more manageable when necessary.

Sources for learning the formal sign language systems that are often used with young children include *Signing Exact English* (Gustason, Pfetzing & Zawolkow, 1980) and *The Complete Signed English Dictionary* (Bornstein, Saulnier & Hamilton, 1983).

Integration of total communication with other communication facilitation strategies in a multimodal AAC system. Utilizing any and all possible abilities and strategies to help a child achieve communicative competence reflects the current multimodal conceptualization of AAC. An AAC system often involves more than one modality, including total communication, symbols and assistive communication devices. We are facilitating communicative competence, for example, for one minimally verbal 2-year-old client with profound language and phonology problems by using total communication, communication symbol boards and an assistive device with voice output. Each of these aspects of her AAC system helps facilitate communicative competence in different contexts and for different communicative needs.

In summary, total communication now is utilized more broadly as an AAC strategy to facilitate communicative competence for young children experiencing specific difficulty with speech communication. It is often considered an "augmentative" strategy to support the development of both understanding and production of speech communication. If such strategies are implemented with collaboration and careful planning, they can be very effective.

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toy safety and selection guidelines for infants and toddlers

Finding that perfect toy for a child can be quite a challenge, but safety is an important consideration to keep in mind. The National SAFE KIDS Campaign recommends the following for a safe and happy holiday season:

Toy selection. Some toys can pose safety hazards to children if proper precautions are not followed.

- Consider the child's age, interests and skill level when selecting toys.
- Follow age and safety recommendations on toy labels. Be especially careful when selecting toys for children under age 3. Toys with small parts, including small balls, pose a choking hazard.
- Avoid buying toys with sharp points or edges.
- Avoid toys that produce loud noises, which, in some cases, can permanently impair a child's hearing.
- Measure strings, straps or cords on toys. They should be shorter than seven inches. Long strings or cords could pose a strangulation hazard.
- Reserve electric toys with heating elements, such as batteries or an electrical plug, for children over 8. These toys are a potential burn hazard for younger children.
- Check to make sure a toy does not contain lead-based paint. Exposure may result in lead poisoning.
- Choose stuffed and cloth toys that have the words "machine/surface washable" on them.

Maintenance. Toys go through a lot of wear and tear. Proper maintenance can prevent a child from being injured by a broken or damaged toy.

- Inspect old and new toys regularly for damage and potential hazards. Make any necessary repairs immediately, discard, or place damaged toys out of reach of children.
- Check that stuffed animals and cloth dolls have sturdy, well sewn seams and that eyes, noses, buttons, ribbons and other decorations are securely fastened and cannot be pulled or bitten off.

Age-appropriateness. New toys enter the market every year and children always want the newest and the latest. Before purchasing a toy, however, it is important to read and follow the warning label, especially for children under age 3. It is also critical that parents and child care providers play along with children to ensure safety.

In 1995, more than children ages 14 and under sustained toy-related severe enough to be treated in the room. Children ages 4 and under accounted for more than of these injuries.

The National SAFE KIDS Campaign has recommended guidelines for all age groups. Children ages 1 and under learn about their environment by repetition and using all five senses. At this age, children are also learning the concept of cause and effect. The most suitable toys for the first year include activity quilts, stuffed animals without button noses and eyes, bath toys, soft dolls, baby swings and squeaky toys.

Parents and caregivers can get a free copy of the Play Smart Guide to Toy Safety by writing to:
Toy Guide, National SAFE KIDS Campaign
1301 Pennsylvania Avenue NW, Suite 1000
Washington, DC 20004.

videos for caregivers, entertainment for babies

The Whole Child

Beginning in January 1998, PBS will present *The Whole Child: A Caregiver's Guide to the First Five Years*, which will feature developmental education and care for children from birth through age 5. The 13-program series has all the technical elements of a college level course for child care certification, but also takes full advantage of the capacity of video to teach by example and entertain as it informs.

Funded by the Annenberg/CPB Project, *The Whole Child* gives the viewer a fly-on-the-wall perspective on a spectrum of real-life caregiving challenges. Experts will describe caregivers' options and responsibilities in each case, and explain the principles behind their choices. In addition, the show will present multicultural, multilevel and multi-need programs and challenges throughout, not just in token "special issue" lessons. The series's host, Joanne Hendrick, is also the author of *The Whole Child* book.

The Whole Child will be available on videocassette from the Annenberg/CPB Project by calling 800-LEARNER. (The entire series will cost $295; single half-hour programs will be $24.95.) To receive a license for college telecourse use through the Adult Learning Service, call 800-257-2578. The series is offered in both English and Spanish versions.

So Smart!

The Baby School Company has developed a new infant learning tool, *So Smart!* First in a new series, *So Smart!* is a 30-minute animated stimulation video integrating leading research on infant brain development into a creative learning experience for babies, ages 3 months through 18 months.

The video was created by Alexandra M. Tornek, M.S., who has dedicated her career to infant psychology research. Her work has been published in numerous academic journals and presented at prestigious conferences throughout the United States. The development of *So Smart!* was motivated by Tornek's work with hundreds of high-risk babies and seeing the effects of a non-stimulating environment.

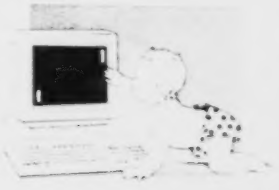
According to Tornek, "There is a wide variety of quality educational programming for older children, but little specifically for infants. *So Smart!* fills this need by providing a foundation of images and music that has been shown through research to be both attention-grabbing and preferable to infants. The video then builds on these attributes by exposing babies to more specific kinds of information about the world around them."

So Smart! is divided into six 5-minute segments and is intended to be watched in short increments of 10-15 minutes or less. Parents or caregivers can interact with the baby during the video by naming objects as they appear, touching and communicating. An activity guide is included with the video and is filled with games and fun activities for parents and caregivers to share with the baby and further enhance the learning experience.

To order the video, call the Baby School Company, 800-663-2741. The cost is $14.95, plus $3.95 shipping and handling.

Reader Rabbit's Toddler

The Learning Company presents new computer software for children ages 18 months to 3 years, *Reader Rabbit's Toddler*. This first program for children lets toddlers discover and explore essential early learning concepts, such as colors, shapes, numbers and the alphabet. Each activity has been created with special, developmentally sensitive features to accommodate toddlers' limited motor skills, and to help ensure success and build confidence in young users.



The program is available for Windows 3.1, Windows 95 and Macintosh and costs about $30.

teachers & students: redefining roles & expectations, part 1

Dear ACEI Friends,

During the past few weeks, I have had the privilege and opportunity of talking and working with both younger students (under age 8) and older students (preservice and inservice teachers). All of these encounters and interactions have made me keenly aware that teachers and students are redefining their roles and expectations and blurring the distinctions between one another: Teachers view themselves as advanced students, while students, regardless of age, see themselves as teachers, too.

I have witnessed teachers and students, from pre-kindergarten to graduate school, sharing their visions for what creates, or could create, great learning experiences. To the amazement of most people, students' and teachers' visions were similar. They all wanted experiences and environments that:

- offer challenges and sensitivity
- invite wonder
- promote dialogue
- provide encouragement
- nurture flexibility
- honor struggles
- support humor and giggles
- celebrate mini and major victories.

Although students and teachers share visions, they are exploring those visions in different ways. Teachers and students alternate between "leading" and "following" in unpredictable and unbelievable patterns.

This evolving partnership between teachers and students will result in a permanently rewritten script. Students and teachers are now considering challenges as opportunities to explore additional, or new, options. No longer is the answer "not possible at this time" accepted as the final word. Teachers and students are now choosing to seize and accept shared ownership of their destiny. Their experiences are surrounded by an ongoing, unwavering commitment to personal and group responsibility, integrity, freedom, sensitivity, compassion and encouragement.

Just like many of you, I have encouraged these changing roles and expectations for teachers and students at all levels, especially in my undergraduate and graduate early childhood education classes. Therefore, I formally invited my students to share ownership with me for what we will do, question, discover, explore and learn together. For many students who are new to the field of education, this request is a new and frightening experience. Realizing this fact, I must be ever mindful that any modification in the teacher/student relationship, especially a significant one, must be done gradually to ensure that everyone is comfortable.

In order to reduce the anxiety associated with these changing roles and expectations, I offer a simple, yet effective, plan of action to:

- understand and support the need for slow changes
- listen and hear different voices
- honor the need to struggle with new and different issues and ideas
- refocus the shared vision when it no longer serves a purpose
- explore evolving definitions for teacher and student in the teaching and learning process
- regularly push beyond the boundaries of the established operating framework to capture new perspectives
- enjoy this day and the new views to the fullest!

After reading this column, perhaps you would like to share your experiences with me. Please feel free to call me (317-274-6830), write me (School of Education, IUPUI, Indianapolis, IN 46202-5155), or send me E-mail (jblackwe@iupui.edu).

Warmest regards,
Jacqueline Blackwell,
Vice President Representing
Infancy/Early Childhood

Call for Manuscripts

The readership of *Focus on Infancy* is encouraged to submit ideas and manuscripts related to the care, education, development and learning of infants and toddlers and their families. Editorial assistance is available if needed.

If you have any materials or suggestions to be considered, please contact David Sexton, Department of Curriculum and Instruction, University of Alabama at Birmingham, 901 13th Street South, Birmingham, Alabama 35294-1250; 205-975-5369; E-mail: EDU 5131@UABDPO.DPO.UAB.EDU.

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Focus on Infants & Toddlers

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A Quarterly Newsletter for the Education Community

Theme

Recent brain development research underscores the importance of providing quality experiences for children during their first few months and years of life. Given this fact, it is especially troubling that several studies have suggested that many infants and toddlers are in supplemental home care environments that provide poor to mediocre care. As more children enter out-of-home care, it must become an immediate national priority to make sure that caregivers understand the importance of early development and learning and have the information necessary to ensure quality early experiences for the children in their care.

Linda H. Ruhman, professor of child development at San Antonio College, argues that infants' and toddlers' interactions with their environments are essential for their optimal development. In addition to providing a sound theoretical rationale for this conclusion, she highlights the role of a young child's caregiver in actively promoting and responding to imitative and imaginative play. Ruhman emphasizes that caregivers must be good, responsive playmates, and that they must ensure a safe and stimulating environment that reflects an understanding of children's changing developmental and play needs. She also provides guidance and suggestions on how to enhance caregiving experiences for the youngest children. Implementing these recommendations will help to ensure that infants and toddlers in supplemental home care have the types of experiences critical for positive outcomes.

—D.S.

Fostering the Imitative and Imaginative Play of Infants and Toddlers

Linda H. Ruhman, San Antonio College, San Antonio, Texas

A young infant mimics the facial expression of his teacher. A mobile infant waves bye-bye in response to her mother's wave. A young toddler holds the telephone to his ear and chatters into it while leaning back on a pillow with his legs crossed. An older toddler stirs the wooden spoon in the aluminum pot and then pretends to taste the contents. A 2-year-old feeds her doll and puts it to bed. Each of these examples demonstrates a child's expanding cognitive skills through use of his or her imitation and imagination.

Imitation is the ability to copy another's behavior, either immediately or at a later time. Imagination is the ability to represent experiences and ideas outside of time and space context and in a way that is uniquely one's own. Both abilities are essential to the development of all domains. Initiation of imaginative, or pretend, play indicates that the child is moving toward a more complex cognitive level. Gowen (1995) states that "imaginative play allows children to go beyond the limitations of immediate experience by using symbols to represent past experiences and to imagine future possibilities" (p. 75). She also indicates that symbolic play promotes "creativity, sequential memory, group cooperation, receptive vocabulary, conceptions of kinship relationship, impulse control, spatial perspective taking, affective perspective taking and cognitive perspective taking" (p. 76).

Berk (1994), in her review of research titled *Vygotsky's Theory: The Importance of Make-Believe Play*, indicates that imaginative

play allows children to separate thought from actions and to "renounce impulsive actions in favor of deliberate self-regulatory behavior" (p. 32). An important aspect of this development is the child's ability to incorporate rules into imaginative play. Berk states that "representational play contains rules for behavior that children must follow to successfully act out the play scene" (p. 31).

Stanley Greenspan (1985, 1997) also discusses the importance of representational play as a window into the child's cognitive and emotional development. He states that the child's ability to use symbols "is a combination of maturing neurology and the richness of the child's affective experiences" (p. 76, 1997). An abundance of positive interactions with nurturing adults often helps children feel more comfortable in portraying ideas, thoughts and feelings in a representational way. In *The Growth of the Mind* (1997), Greenspan states that young children "make a crucial transition from the action mode of being to the symbolic mode of being. This shift requires long-term participation from someone who promotes interaction, who supports ever greater use of signals, who joins in the child's pretend play [and] who helps him link the pleasure of relating to the skills of communicating symbolically" (p. 77).

Purposefully imitating the child's facial expressions and gestures, as well as introducing your own, will provide for pleasurable reciprocal interactions.

Because of its great significance to infants' and toddlers' development, caregivers need to consider thoughtfully how they foster imitative and imaginative play. Caregivers must understand how such play develops during the first three years of life. They also need to be aware of supplementary materials and interactional strategies that will promote this type of play.

As they do in all areas of development, children move from the simple to the more complex as they journey from immediate imitation to full-blown pretend play. The youngest infants begin by copying facial expressions, and then the gestures, of the important adults around them. Purposefully imitating the child's facial expressions and gestures, as well as introducing your own, will provide for pleasurable reciprocal interactions. Of course, infants also

on the web

www.ebig.com
The Britannica Internet Guide provides users with an efficient and authoritative Internet navigation service. By offering access to quality Web sites that contain valuable information, the Guide provides the tools to find what you are looking for on the Web.

http://www.aap.org/
This site from the American Academy of Pediatrics provides parents and caregivers with information on infants' and young children's health and safety, advocacy, and more.

http://www.co.merced.ca.us/pitd/bf.htm
The Infant Care program offers education and services for infants (0-5) with special needs.

http://parenthoodweb.com
Provides parents and educators with answers to common, and not so common, questions about children.

www.station.sony.com/wonderland/
Designed for the youngest Internet browsers, this section of the Sony Wonder's Wonderland site includes music, stories and simple activities for 2- to 5-year-olds.

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imitate each other, which often can create a symphony of banging or crying in a group care setting. Caregivers should comment positively on what the child is doing. You can say, for example, "I see you are banging your toy on the floor just like Robert is." The caregiver is a more influential model than a peer and even can change the behavior by modeling something else, such as hugging, instead of banging the toy.

Older infants will begin to imitate familiar actions, even when the person they are imitating is no longer there. This phenomenon is called deferred imitation, or pre-pretense. You might see a child flexing his muscles like Daddy does in his morning workout, or carrying the purse and keys in the same way Mommy does as she leaves for work. Again, it is important that the adult acknowledge these imitations and expand on them, if possible. You might say to the child who is holding the purse and the keys, "I see you are going to work, have a nice day. Did you remember your lunch?"

As young children reach toddlerhood, they often use their own bodies during pretend play. They "become" an airplane by making zooming sounds and holding out their arms while they run. They climb in the doll bed to "go to sleep," and they drink the tea from the teacup. Later, they begin to use other objects as well. They feed the bottle to the doll and then put the doll to sleep in the doll bed. This type of play—using objects in a more representational way—indicates a major developmental shift. The caregiver can pretend play along with the child, building on the child's theme and extending the play slightly. You might, for example, rock the doll before putting it in the doll bed. Talking about what you see the child doing, and what you are doing, also reinforces the play.

Older toddlers enjoy playing familiar routines over and over. "Mommy, Daddy, Baby" is a favorite theme. Toddlers also enjoy being kitties and puppies, and they like pretending to cook, sleep and shop. An early emergence of "monster play" also may occur. This normally consists of holding up the arms, making noises, and walking in an odd manner or chasing others. As children grow, play sequences become more complex, both in action and language. Also, children begin to use less realistic objects in a more representational way. A block may become a car and a banana may become a phone. Generally, however, toddlers still need many realistic props to promote pretend play. They also need adults who will play along with them while letting the child take the lead.

The caregiver can pretend play along with the child, building on the child's theme and extending the play slightly.

Materials that encourage infants' imitative play, and toddlers' imaginative play, do not need to be complex or difficult to obtain. Simple, familiar and realistic items that are easy for the child to manipulate work best. Infants love pots, pans, spoons, measuring cups and plastic dishes. These items not only encourage exploratory play, but also foster imitation when they are similar to everyday items. Keys are particularly popular, as are scarves, which can be draped over a child's shoulders. Realistic looking telephones are another favorite play prop. Remember to keep safety considerations foremost. Avoid items that break easily or have parts small enough to choke a child. Since infants and toddlers often put items in their mouths, look for things that can be cleaned easily.

Toddlers' group care settings often include a simple dramatic play area, which consists mainly of home props. Furniture for this area should be sturdy, realistic and toddler-sized. Stoves and

sinks that can open allow children to see the choices of props stored on their shelves. Doll beds and strollers should be large and sturdy enough for toddlers to get into as they pretend to be the "baby." Loose parts in a play zone should reflect the items children would find in their own home—simple cooking utensils, pot holders and cleaning props, such as brooms and dish rags. Things that move, such as strollers, vacuums and shopping carts, delight toddlers. Dolls should be multicultural and represent both genders. Doll blankets are much easier for toddlers to manage than doll clothes (Gestwicki, 1995). Dress-up clothes should be easy to remove or put on. Hats, vests and the older children's shoes work best. Toddlers love to carry, dump and fill, so purses, shopping bags and totes of all types are a big hit. Empty food boxes representing their favorite foods will assist the children in their "cooking." Pet props also can be a part of this dramatic play area. Props and seasonal items can be rotated through the dramatic play zone, but the general theme should remain that of home, since that theme lends itself most easily to imaginative recreation.

The interaction between the caregiver and the child is more important than props in fostering imitative and imaginative play. Gowen (1995) says that "children do not traverse the developmental pathway of symbolic play without a travel guide" (p. 76). Berk (1994) discusses one study showing that 1- and 2-year-olds engage in twice as much pretend play when playing with their mothers than when playing alone. Also, the pretend-play themes were more elaborate in those circumstances. In addition, Berk's research indicates that the children who had engaged in more pretend play with their mothers were more effective in peer play in the preschool years.

Caregivers always must be aware of their role as models for the young child (Gonzalez-Mena & Ever, 1997). Infants and toddlers are constantly observing those adults who are important to them. They assimilate and imitate facial expressions, gestures, body postures and voice tone, as well as many daily rituals. The adult can purposefully use exaggerated facial expressions and gestures to draw the child into playful, imitative interactions. Playing reciprocal social games, such as peek-a-boo and toy hand-off (the child hands you a toy, you hand it back), also encourages the imitative play of infants.

As pre-pretense and pretend play begin to emerge, caregivers need to scaffold such play by being available to play with the child. In joining the child's play, the adult needs to follow the child's lead and elaborate slightly. Avoid turning the play time into a teaching time by asking too many questions, giving too many instructions or dominating the theme. All of these behaviors tend to stifle pretend play. Instead, caregivers should relax, reciprocate and reinforce the emerging symbolic play that is so essential for the optimal development of very young children.

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Current Research from the American Academy of Pediatrics

Newborn Hearing Screening Impacts Speech and Language Development

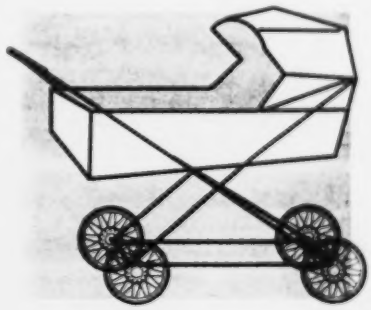
The average age for identification of hearing loss in the U.S. is
Mild and moderate hearing losses are most often identified after

A recent article in *Pediatrics*, the journal of the American Academy of Pediatrics, reported that infants whose hearing loss is identified while still in the hospital nursery and who use a hearing aid before 6 months of age may still have optimal speech and language development. From 1992 to 1997, researchers recorded the results of 10,372 newborns' hearing tests that were taken before the infants left the hospital. Healthy infants were screened between 3 and 36 hours after birth, while infants in the neonatal intensive care unit were screened before hospital discharge. Of the infants screened, 415 failed the initial test and 15 of those infants were identified at a follow-up test as needing hearing aids. The authors concluded that screening newborns for hearing problems can help those identified as hearing impaired achieve normal speech and language.

The American Academy of Pediatrics has recommended or back, sleeping since 19

Putting Babies "Back To Sleep" Does Not Impede Development

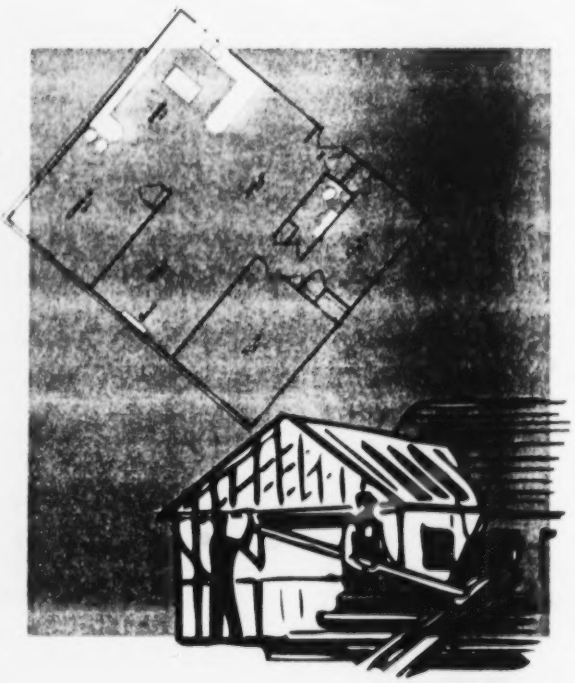
A new study shows that toddlers who were put to sleep on their backs as infants are just as developmentally advanced as those who were not. This finding is significant in the wake of recent reports that infants put to sleep on their backs benefit from a lower risk of Sudden Infant Death Syndrome (SIDS). Researchers from the Institute of Child Health, University of Bristol, England, sent questionnaires to mothers of more than 10,000 children born between April 1991 and January 1992. The questionnaires asked about the babies' sleep habits and developmental milestones at 4-6 weeks, 6 months and 18 months of age. The authors found some evidence that putting infants to sleep on their back resulted in reduced gross motor, social skills and overall developmental scores at 6 months of age, but this disadvantage disappeared by 18 months. The authors concluded that the "Back To Sleep" Campaign should continue to recommend that infants always sleep on their backs. (To review the complete study, visit *Pediatrics*' electronic pages at http://www.pediatrics.org.)



innovative child care center designed by team of experts

The newly built Husky Child Development Center, near Toronto, is a first-of-its-kind child care facility. In both design and interior, the center aims to cultivate a child's optimal growth and development, while also supporting both the facility's staff and the children's family. The team of experts who designed the center are hoping that this prototype facility will change the way child care centers are envisioned and designed.

Most child care centers rely entirely on staff members to nurture the children's development. The developers of the Husky Center claim, however, that the facility itself can become yet another "teacher" by providing the sense of safety and positive stimuli children need in order to feel secure and grow. To this end, the team designed a setting that encourages individuality, creativity and growth through the use of human-scaled architecture, ethnic and handcrafted details, and home-like layouts, furnishings, colors and lighting.



With an estimated square feet of new child care space needed by the year a new model for child care is sorely needed today.

"Children are highly sensitive to their environments, using everything in them for their own development, either positively or negatively," says Dr. Anita Rui Olds, a member of the design team and director of The Child Care Design Institute at the Harvard Graduate School of Design and Tufts University. "Because day care, not home, is today's primary child-rearing habitat, our challenge is to create day care centers that provide the best stimulation for a child's physical, emotional and intellectual growth."

The center is based on Olds's unique "residential core" model, which breaks a large facility into small "houses." Each house consists of age-specific rooms that open onto a common living/dining/kitchen area, which children, parents and staff share as a family. Different "zones" in each room define a variety of play areas important to the curriculum. The Center's layout supports both freedom of movement as well as the development of community.

"Children suffer little or no separation anxiety when they come to the Husky Center," says Carla Mathis, president of Carla Mason Mathis Designs & Interiors and co-author of *Triumph of Individual Style*. "Our use of residential colors, furnishings and design helps children feel like they are walking into a 'visual hug,' a work of art where they can explore, discover, rest and relate to others."

in the best interests of children: listening to & supporting their teachers

Dear ACEI Friends,

Through the years, many educators have heard the words: "Whatever we do must be done in the best interests of children; we must demonstrate the best practices." Although we all understand these words, there is something missing that needs our consideration. We need to both offer, and give, special attention to the teachers of young children. Special attention means finding ways to listen to and support these teachers so that they are free to explore, take risks, accept new opportunities or challenges, reinvent themselves, and experience success as they develop curricula and plan programs for young children.

As we offer and give this attention to teachers of young children, we must acknowledge the difference between offering and giving attention. Offering attention may set the stage for what can, and could, happen. It opens windows of possibilities to traveled, and less traveled, pathways and charted, or uncharted, courses. On the other hand, giving attention may send the message that such deliveries, whether scheduled or unscheduled, will require no additional follow-up because each transaction is complete in itself.

Offering attention requires a different, or changing, mindset by those individuals who either supervise, mentor or assist these teachers of young children. The goals should be to provide for the children's best interests, and to demonstrate an array of best practices. Individuals in appointed, and self-appointed, positions must be willing to pay attention to the spoken, and unspoken, needs of teachers while balancing the varied needs of the students. A commitment to help these teachers must be a top priority. They must see a clean slate that allows them to identify their needs as they work with young children and their families, as well as colleagues, administrators, volunteers and the community at large. We are ever mindful that we must focus on what is "in the best interests of young children."

Supporting teachers of young children requires a multi-faceted plan, which sets the stage for creating a layered environment that nurtures the minds, spirits, bodies and hearts of teachers. This layered environment reinforces these messages:

1. Erase from the rule book the need to receive permission before engaging in creative activities.
2. Celebrate the memories of your own childhood, as well as your students' childhoods.
3. Enjoy the challenge of riddles and puzzles that you encounter as you work with young children. Remember that the solutions may be completely buried.
4. Dare to dream and follow your passions. Occasionally, jump *before* you look.
5. Reconsider minor irritations and obstacles as unexpected opportunities for adventure.
6. Share the "ha! ha!" and "ah ha!" moments with others.
7. Live in the present, and share hope for the future, while learning from the past.

As we ponder what is in children's best interests, please remember to listen to and support their teachers. This combination approach produces unbelievable outcomes that can enhance the learning, living and loving chances for both young children and their teachers.

Warmest regards,

Jacqueline Blackwell,
Vice President Representing
Infancy/Early Childhood
(317-274-6830;
E-mail: jblackwe@iupui.edu)

Call for Manuscripts

The readership of *Focus on Infants & Toddlers* is encouraged to submit ideas and manuscripts related to the care, education, development and learning of infants and toddlers and their families. Editorial assistance is available if needed.

If you have any materials or suggestions to be considered, please contact David Sexton, Department of Curriculum and Instruction, University of Alabama at Birmingham, 901 13th Street South, Birmingham, Alabama 35294-1250; 205-975-5369; E-mail: EDU 5131@UABDPO.DPO.UAB.EDU.

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A Quarterly Newsletter for the Education Community

Theme

The passage of P.L. 99-457 in 1986 and subsequent reauthorizations of Part H, which is now Part C, of the Individuals with Disabilities Education Act (IDEA), heralded a new era of services for infants and toddlers with disabilities or developmental delays and their families. All states are now implementing an array of coordinated services to meet the needs of very young children and their families. While a myriad of professional roles are recognized as crucial to the quality of services, the role of the paraprofessional or paraeducator often is overlooked. Samera Baird, JoEllyn Peterson and Charlot Ritenbaugh remind us that paraprofessionals continue to make important contributions to the care and education of infants and toddlers and their families. They present some valuable information related to the preparation and retention of competent paraprofessionals, resulting from 10 years of experience.

On a personal note, I want to express my sincere appreciation to the many individuals who have shared their ideas, knowledge and talents by authoring articles for *Focus on Infants & Toddlers* over the past few years. I also would like to thank the outstanding ACEI staff who have supported me and improved the newsletter immensely during my tenure as Editor. Special thank-yous go to Deborah Jordan Kravitz and Anne Bauer. I also want to wish the new Co-Editors, Patricia Cantor and Virginia Barry, much luck. I know they will continue the tradition of excellence associated with *Focus on Infants & Toddlers*.

—DS

Preparing and Supporting Paraprofessionals As Effective Members of Early Intervention Teams Serving Infants and Toddlers with Developmental Delays and their Families

Samera Baird, JoEllyn Peterson & Charlot Ritenbaugh
Auburn University, Auburn Intervention Model Program, Alabama Institute for the Deaf and Blind, Auburn, Alabama

In 1986, P.L. 99-457 revolutionized the lives of infants and toddlers with developmental delays and their families in America. This landmark legislation provided incentives for states to develop statutes providing for early intervention services to this vulnerable population. Congress identified an urgent and substantial need to 1) enhance the development of infants and toddlers with disabilities and minimize their potential for developmental delay, 2) reduce the cost that society must pay for their education, 3) minimize the likelihood of their institutionalization and increase their opportunities for independent living, and 4) enhance families' abilities to meet the special needs of their infants and toddlers with disabilities. Although each state developed its own definition of developmental delay and its own criteria for services, this legislation initiated a powerful movement.

The legislation mandated direct early intervention services for very young children with special needs, and provided a mechanism for supporting families in their efforts to facilitate young children's optimal development.

Three unique aspects of this legislation were

1) the designation of both children and families as recipients of services, 2) the acknowledgment and empowerment of families as the ultimate decision-makers for their children and 3) the provision of services to children and families in their natural environments. Although some agencies were already providing services to this population, the legislation highlighted the severe shortage of qualified professionals. The current challenge is to ensure that services meet not only the letter of the law, but also the *spirit* of the law.

Implementing the underlying intent of the law requires creativity to deliver services in natural settings for very young children. Constraints on time, resources and finances present formidable challenges. Finding adequately trained professionals can be difficult. Incorporating paraprofessionals into early intervention teams has proved to be effective for extending the impact of those highly skilled professionals. For paraprofessionals to effectively supplement the delivery of professional services without sacrificing quality, they must be carefully selected, trained and supported.

The authors, who have more than ten years' experience in teaming paraprofessionals and professionals, present three major areas for preparing and supporting paraprofessionals as effective members of early intervention teams: orientation of team members, training content and teaming strategies.

Orientation of Team Members

All members of early intervention teams will benefit from a clear understanding of each member's roles and responsibilities. Having this information prior to employment typically addresses paraprofessionals' concerns about their ability, the quality of service they will provide and the level of support they will receive.

Definition. Paraprofessionals receive job-related training, even though they are not required to have advanced degrees, certification or licensure. They work under the supervision of professionals. "Paraprofessionals, historically, have taken on a number of titles and represent a continuum of background and experience" (Dinnebeil, 1998). These individuals sometimes go under such titles as assistants, aides, paraeducators, home trainers or home visitors. Although they typically lack a professional degree, they often bring a rich history of related life experiences to the early intervention team. For example, paraprofessionals' own family members, or they themselves, may have disabilities or developmental delays; they may have heritage links with the populations served; or they may be longtime members of the community. Individuals with some emotional link to or experience with disability often have an empathy and open-minded attitude that facilitates effective service delivery, making them invaluable. These individuals typically bring to the job a genuine desire to help, but may lack the specific training and skills to know how to be most helpful. With professional supervision, however, paraprofessionals can learn how

Resources on the web

www.fpg.unc.edu/ncedl/ncedl.html
The National Center for Early Development and Learning offers a Web site with copy from their quarterly publication, *Early Childhood Research & Policy Briefs*. The Summer 1997 issue of *Briefs* included a study titled "Quality in Child Care Centers."

www.familyeducation.com
The Family Education Company's Web site is an education-based site that provides comprehensive resources for parents, students and the school community.

http://www.co.merced.ca.us/pitd/bf.htm
The Infant Care program offers education and services for infants (0-5) with special needs.

http://parenthoodweb.com
Provides parents and educators with answers to common, and not so common, questions about children.

www.station.sony.com/wonderland/
Designed for the youngest Internet browsers, this section of the Sony Wonder's Wonderland site includes music, stories and simple activities for 2- to 5-year-olds.

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best to interact with children and families to encourage their growth and development.

Job Description. The paraprofessional's specific responsibilities will vary depending on the program model, the program's goals and philosophy, and individual factors. With supervision, paraprofessionals may take on a wide variety of job responsibilities, including, but not limited to, facilitating rapport with families, implementing interventions, monitoring progress, maintaining records of family contacts, helping families gain access to community services and transporting families.

Effective paraprofessionals are usually cooperative, dependable, responsible, adaptable and persistent. They also tend to be resourceful and creative when helping families to deal with complex situations. Typically, they are realistic about their own strengths and limitations; they are respectful of individuals having diverse values, beliefs and backgrounds; they have effective coping strategies; and they enjoy working with people. Inevitably, however, paraprofessionals need guidance to understand the complex nature of early intervention services, and to provide services that meet both the letter and the spirit of the law.

Effective paraprofessionals are usually cooperative, dependable, responsible, adaptable and persistent.

Training Content

Whereas the job description generally informs paraprofessionals about the parameters of expectations associated with their role, paraprofessionals' training will mold how they fulfill these responsibilities. Four training content areas will be discussed.

Help-giving Theory. Changes in legislation provided early interventionists an incentive to incorporate help-giving procedures into the early intervention process. P.L. 99-457 changed the focus of the early intervention process from a professionaly-driven model to one of helping families become as independent as possible in meeting their own needs and the needs of their children. Understanding the help-giving theory can help interventionists work effectively with families.

Without training, help providers may unknowingly contribute to a family's sense of learned helplessness, low self-esteem and dependence. The help-giving theory offers strategies that early intervention teams can apply to build cooperative, collaborative relationships among early intervention team members (Dunst, Trivette & Deal, 1988). The concepts of "empowerment" and "enablement" are used most often in the context of the relationship between the early interventionist and the family. The terms also apply to the relationship between the professional supervisor and the paraprofessional. The way in which the professional supervisor helps the paraprofessional may influence, directly or indirectly, the way in which the paraprofessional helps the families they serve.

The way help is offered and provided by help givers determines the extent to which the help is perceived as either helpful or harmful by the recipient. When assistance is based on the belief that help seekers already have (or have the potential to learn) essential skills, and the assistance provided offers opportunities for the help seeker to demonstrate that competence, alliances can be formed more easily. When help givers offer assistance that is not contingent upon identifiable needs, however, help seekers may consider the services to be intrusive, which can alienate help seekers and help givers (Baird, 1994; Dunst, Trivette & Deal, 1988). Other characteristics of helpful help are that it 1) enhances the capacity of the help seeker, 2) promotes the self-esteem of the help seeker and 3) does not diminish the capacity of the help giver.

Helpful help can be facilitated if early interventionists ask families the simple question, "How can I help?," and then respond to those needs. Services

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and assistance of this nature will likely facilitate active participation by the help seekers, increase help seekers' perception of control over their life events, encourage independence, facilitate perceptions of competency, enhance confidence and build a respectful partnership between help seeker and help giver. In some instances, it may be more helpful in the long run to provide less direct forms of help. Sometimes a help giver can enhance a family's capabilities by actually doing less, while encouraging their independence, competence and confidence.

Help that is not contingent upon the help seeker's identified needs is likely to have negative results, such as resentment between the help seeker and help provider, reduction of the help seeker's perception of control, undue dependence on the help provider, feelings of incompetence and antagonism between the help seeker and help provider. The majority of help-giving relationships in early intervention are among adults; these relationships can be facilitated by an understanding of adult learning theory.

Adult Learning Theory. Adult learning situations and relationships permeate the early intervention process. In many instances, the paraprofessional is both the teacher and the learner. Professionals must know how to share information with paraprofessionals in ways that enhance their capacity to work with children and families, and to support paraprofessionals to be the teachers of children and their caregivers. Both professionals and paraprofessionals can avoid numerous pitfalls by understanding the basic concepts underlying the process of adult learning.

When professionals treat paraprofessionals in respectful ways, the paraprofessionals may, in turn, interact with families in ways that promote their growth and independence.

Simply stated, adults learn best when they: 1) understand why they need to learn, 2) take responsibility for their own learning, 3) feel respected for the experiences they bring to the learning process and 4) are in a learning environment that is characterized by mutual respect, cooperation, support and trust (Knowles, 1990). Early intervention professionals can apply these principles to paraprofessional training, support and mentoring, and to the relationships between early interventionists (paraprofessional and professionals) and families.

Activities that may enhance application of adult learning principles to the early intervention process include: 1) giving paraprofessionals and families information about why a particular topic or service is recommended; 2) providing them with opportunities to assess their own needs; 3) helping them take responsibility for their learning process; 4) valuing their past related experiences; and 5) respecting their beliefs, values and priorities. Applying adult learning theory throughout the early intervention process facilitates mutually respectful relationships among team members, which, in turn, helps professionals stay in touch with the families' needs. When professionals treat paraprofessionals in respectful ways, the paraprofessionals may, in turn, interact with families in ways that promote their growth and independence.

Effective Communication. Most people appreciate having someone listen as they share their joys and concerns. Human relationships are built and strengthened through the process of giving and receiving information. Relationships among early intervention team members are typically enhanced when both professional and paraprofessional early interventionists communicate effectively. Most of us feel we are effective communicators; in reality, nearly

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everyone's communication skills can be improved.

Effective communication within the early intervention process can be enhanced by three strategies: 1) building an environment conducive to communication, 2) listening and 3) using problem-solving strategies. Considering a setting's physical and social aspects can facilitate the communication process. For example, the environment should be as free from distractions as possible. Early intervention contacts frequently occur in homes where televisions are blaring, the phone is ringing, neighbors are dropping in and children are seeking attention. The effects of such circumstances are not insignificant, but team members should remember to respect family life styles and values.

Identifying the individuals who are key to the communication process is another important factor. Consider who is the actual decision-maker in the family or setting. Does that individual need to be involved in discussions? Who is in need? How can that need be met?

Furthermore, consider the nature of the relationship among participants. Open, honest discussions within the framework of mutually respectful relationships facilitate effective communication. The early interventionist may need to take into account salient features of the family history, including power struggles, misunderstandings, co-dependency and a variety of other challenges.

Communication involves a message sender and a message receiver. Effective communication usually requires the message receiver, or listener, to play an active role in this complex process. Active listening involves paying attention to the words said, the way those words are spoken, and the nonverbal messages associated with the words. It also includes paying attention to what is left unspoken, and understanding the potential message therein. Effective communication is facilitated when listeners 1) give nonverbal signs of acceptance; 2) listen without interrupting; 3) share their understanding of the message, as well as the underlying feelings associated with the message; 4) help the speaker identify and clarify problems, beliefs and values; and 5) ask for confirmation (DiVito, 1986). With practice, the paraprofessional may be able to communicate more effectively. In our experience, they can serve as liaisons between the parents and professionals, often by helping the family bring up difficult questions, or by asking for clarification on behalf of the family. In turn, the paraprofessionals can model these effective communication techniques to the family.

Both professional and paraprofessional early interventionists are likely to spend a relatively large proportion of their time engaged in problem-solving activities. Problem-solving techniques can be helpful as team members relate to each other, and are equally applicable to interactions with families. Useful strategies include: 1) defining the problem clearly, 2) thinking of possible solutions, 3) evaluating the possible solutions, 4) selecting the best solution option, 5) implementing the solution and 6) evaluating the effectiveness of that solution and making changes accordingly (DiVito, 1986).

Confidentiality. Although paraprofessional members of early intervention teams may be well trained and seasoned, the topic of confidentiality should not be overlooked. In contrast to the professionals, paraprofessionals often bring to the early intervention process a knowledge of the community. When paraprofessionals have strong family and cultural ties, their insider status can facilitate the establishment of trusting relationships with families. This familiar linkage with the community can, however, be a double-edged sword. As members of the community, paraprofessionals may be approached by well-meaning friends and neighbors who innocently ask for confidential information. Paraprofessionals must have a clear understanding of families' rights to privacy, and must react appropriately, despite what could be an uncomfortable situation.

Even professionals who have participated in a professional preparation program sometimes need periodic reminders about the importance of maintaining confidentiality. Scripts and/or role playing can help paraprofessionals react decisively when friends ask concerned, yet inappropriate questions. Professionals must learn to recognize the situations that place the paraprofessional in a position to

breach confidentiality, and to prepare strategies for dealing with those situations. Specific teaming strategies also are necessary to achieve optimal effectiveness of service delivery.

Teaming Strategies

Challenges to effective teaming can be avoided by recognizing and respecting each team member's unique contributions. Open and honest communication will not occur if a paraprofessional believes that disagreements with a supervisor will lead to a poor performance review or other reprisals. Paraprofessionals who are new to the field of early intervention may be particularly vulnerable. Consequently, professional supervisors may enhance teaming effectiveness by providing plenty of opportunities for discussion and support. The professional supervisor has the responsibility for promoting and maintaining mutually respectful relationships in which all parties can communicate openly.

Periodic Needs Assessment and Training. A constant issue facing early intervention teams is change. Team members, and families, come and go. Community resources and services phase in and out. Family needs change rapidly. Consequently, early interventionists, especially paraprofessional members of the team, need opportunities to assess their evolving need for information and training. Administrators who remain abreast of changes within families, team members and the community can help team members adjust. Consequently, paraprofessional early interventionists need to be given opportunities to review, and update, training needs.

When our early intervention team began providing home-based services in a high-crime neighborhood, for example, we invited a local law enforcement officer to one of the weekly staff meetings. He showed the team controlled substances and paraphernalia they might see when in the neighborhood and explained procedures for keeping safe. Specifically, he suggested home visits be scheduled 1) early to mid-day, rather than in the late afternoons or evenings when crime might be more likely; and 2) early in the week/month (not at the end of the week/month when paychecks had arrived). He also recommended two individuals conduct home visits together.

Ongoing Support. Do not assume that because a paraprofessional has effectively handled a prior situation, that he or she can cope with a similar situation independently in the future. Professionals must constantly be aware that paraprofessionals, particularly those providing home-based services, may be confronted with rapidly changing, urgent family needs and issues. Paraprofessionals need periodic scheduled, as well as immediate, access to support from professional team members to allow them to deal confidently with ongoing issues and crisis situations.

Circular Evaluation. The process of circular evaluation is one of the most effective strategies for facilitating collaborative early intervention professional-paraprofessional teaming (Baird, 1994). Although the top-down evaluation is a common process, providing opportunities for all team members to evaluate and/or provide feedback to all other team members is less common. This practice has merit, for it helps identify concerns or potential problems that may not be readily apparent to administrators or professional team members. Providing for mutual feedback, if done respectfully, can enhance the program's quality.

Conclusion

With adequate initial training and ongoing support, paraprofessionals can effectively extend the impact of highly skilled professionals on early intervention teams. Their life experiences may even give them a level of social validity that might not be achieved without their unique contributions. For paraprofessionals to be as effective as possible, they need specific training and support, provided in a trusting, mutually respectful learning environment. The ultimate beneficiaries will be very young children with developmental delays and their families.

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learning together: preservice, novice, experienced and seasoned teachers

Dear Professional Colleagues,

During the past 18 months, I have been working with both preservice and inservice teachers via two-way audio and video class sessions, known as the Virtual Indiana Classroom (VIC). This forum has allowed me to have ongoing dialogue with teachers throughout the state of Indiana. This vantage point also has afforded me the opportunity to listen to and talk with teachers about their experiences working with preservice, novice, experienced and seasoned teachers.

Technology enables lively conversations and spirited debates among individuals who ordinarily would not have met one another. In this interactive arena, preservice and novice teachers discuss and examine the characteristics of qualified, competent and caring teachers. The major bone of contention among this group has been if experienced and seasoned teachers are out of step with new and creative teaching methods. Often, preservice and novice teachers voice a willingness to try new ideas while they assume that practicing teachers have little or no interest in growing and stretching professionally.

At the same time, experienced teachers wonder why preservice and novice teachers have such negative views of longevity. Seasoned teachers will admit that while *some* of their colleagues have no desire to try new ideas or explore varied pathways, many experienced teachers blaze the trail in order to prepare the way for new colleagues.

As I accept my newly minted "card" as a member of the seasoned professional club, I have the opportunity to simultaneously ponder alone, as well as link with preservice, novice, experienced and seasoned teachers throughout the state, about changing perspectives, opening the dialogue doors, and developing and sustaining connections. These interactions have nudged me to ask: What do we expect of teachers, no matter their length of experience? At the same time, I wonder whether we are fair to one another in terms of avoiding stereotypes and seeing strengths. Can we change our perspective with regard to how we view teachers outside of our peer group affiliation? Can preservice and novice teachers begin to see that teachers outside of their group make significant contributions to the education of children? Can experienced teachers understand that preservice and novice teachers are trying to find ways to become active contributors? Can both groups drop the stereotypes when they describe one another and instead describe one another as teachers, advanced students, fellow travelers and lifelong learners? Of course we can. But is it easy to do? Absolutely NOT!!

In order to change our perspectives, we must open the dialogue door. This can happen if we see each other as individuals first and professionals second. Can we get to know each other without putting everyone under the microscope and critiquing each other when we work together? Can we ask, "What must we do in order to create an environment where everyone can be nurtured, accepted, respected and honored?" Opening the door to dialogue means taking a risk to reduce, and then eliminate, the barriers that prevent us from talking with and learning from one another! Opportunities for learning in new ways create new possibilities for ongoing dialogue among all teachers.

When we open the door to dialogue, we set the stage for developing and sustaining established and new connections. These connections allow teachers at different stages in their careers to form links that allow us to reach new destinations in terms of professional growth. Having a circle that is inclusive, rather than exclusive, promotes an awareness that it "takes the whole teaching profession from preservice to seasoned teachers" to make a difference for one another. This message is reinforced for me each week as I work with teachers via the Virtual Indiana Classroom, a room without walls and boundaries.

Ready for the connection,

Jacqueline Blackwell,
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Call for Manuscripts

The readership of *Focus on Infants & Toddlers* is encouraged to submit ideas and manuscripts related to the care, education, development and learning of infants and toddlers and their families. Editorial assistance is available if needed.

If you have any materials or suggestions to be considered, please contact the new Editor:

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